

Finest Care Limited

Clifton House Residential Care Home

Inspection report

94-96 Clifton Avenue
Hartlepool
Cleveland
TS26 9QP

Tel: 01429223399

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14 January 2019
21 January 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Clifton House provides personal care for up to 28 people; nursing care is not provided. At the time of our inspection there were 22 people living at the home who received personal care, some of whom were living with a dementia.

People's experience of using this service:

People told us they received safe care. Medicines were managed safely. Staff followed infection prevention and control guidelines. Potential risks to people were assessed and managed appropriately. Safe recruitment procedures were in place.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff training in key areas was up to date.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people and their families.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well. People and relatives knew how to make a complaint, although nobody we spoke with had any.

There were effective systems in place to monitor the quality of the care provided. The registered manager and deputy manager had made significant improvements throughout the service. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

More information is in the detailed findings below.

Rating at last inspection:

Requires improvement (report published 14 February 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Clifton House Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Clifton House provides personal care for older people, some of whom are living with a dementia. The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by

law. We also contacted the commissioners of the service to gain their views.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with nine people who used the service and five relatives. We spoke with the registered manager, the deputy manager, two senior care assistants, five care assistants, the activities co-ordinator, the maintenance person, the cook and a member of housekeeping staff. We also spoke with two healthcare professionals who were visiting the service during our inspection.

We looked at care records for three people, medicine records for eight people, recruitment records for two staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection

- We noted significant improvements had been made to the laundry room, which had been an area for improvement at our last inspection. The registered manager had worked closely with the local infection prevention and control nurse to improve the layout and cleanliness of the laundry. There were now systems in place for clean and dirty clothing, in line with good practice.
- The local infection and prevention control nurse told us, "There have been massive improvements in this home in the last few years due to the [registered manager] and [deputy manager] who have worked really hard to achieve this. I'm really happy with the improvements."
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- The service was clean and decorated to a good standard.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Clifton House. One person told us, "Yes I feel safe here. I've never had any concerns on that front."
- Staff had completed training in how to protect people from abuse. Staff understood the need to report any concerns to the management team without delay. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment such as motion sensors. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Regular planned and preventative maintenance checks were up to date. These included frequent checks on the premises and equipment. Other required inspections and services included gas safety and legionella testing.

Staffing and recruitment

- A thorough recruitment and selection process was in place which included references from previous

employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

- There were enough staff to meet people's needs quickly and keep them safe.
- Senior care assistants had dedicated time for management tasks which had led to improvements in the service.

Using medicines safely

- Medicines were managed safely and stored appropriately. Medicine records we checked, including those for topical creams, had been completed accurately. The medicines champion who had responsibility for ordering and auditing medicines was knowledgeable and enthusiastic about their role.
- Staff who administered medicines had completed up to date training and their competency was checked regularly.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.
- A healthcare professional we spoke with during our visit spoke positively about how staff had recently engaged in medicines administration training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated thoroughly, and analysed to look for trends. Recent analysis identified most falls happened during mornings when there was most activity, so the registered manager increased staffing levels in the morning. This led to a reduction in falls which meant this approach was effective.
- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, after one incident the protocol for supporting people with hot drinks was improved to reduce the risk of harm occurring, and staff completed additional training in this area.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place. This was to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff training in key areas such as infection control, health and safety and moving and positioning was up to date, although only 25% of staff had completed training on end of life care. When we spoke with the registered manager about this they said this would be arranged as a priority. Staff's understanding and skills were checked through knowledge and direct observations.
- One person said, "The staff know what they are doing alright. They seem to be well trained."
- Staff told us, and records confirmed, they had regular supervision meetings to support their development. The registered manager told us they operated an 'open door' policy for informal discussion and guidance when needed, and we saw this in practice during our visit.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People told us they enjoyed their meals, and if there was anything in particular they wanted they only had to ask. There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Kitchen staff we spoke with had a good understanding of people's nutritional needs.
- Staff had involved people who used the service to set up an eye catching 'hydration station' in the dining room. A selection of soft drinks and different sized cups were available to encourage people to drink more.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised. Communal lounges and dining areas were bright, comfortable and spacious, with a homely feel.
- There were visual and tactile items to engage people living with dementia. Colourful written and pictorial signs helped people orient themselves around the home. There was an orientation board in the hallway

which displayed the date, time and weather for that day. Menus and activities information were available in picture format which was more accessible.

- The dementia champion told us how they planned on creating a garden themed reading area and introducing sensory items such as bubble lamps.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA. DoLS applications had been made appropriately and authorised for the people who needed them. Where decisions had been made in people's best interest, for example to have specialist equipment in place, this was recorded appropriately.
- Staff knew the importance of gaining a person's consent before providing any care and support. Staff told us they would seek advice if they had any concerns about people's ability to understand particular decisions. People told us staff sought permission before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were more than happy with the care provided. One person told us, "I'm very happy here as the staff are great. They're like family to me."
- Relatives told us staff were kind and caring, and people were well cared for. One relative said, "The care here is excellent. It's the best home in the town. Everyone is so well looked after." Another relative told us, "I can't speak highly enough of the staff, they're superb. They know exactly how to care for [family member]."
- Two people who used the service had died recently. Staff spoke fondly about them and were clearly upset. Staff had lit an electronic candle and placed it next to photographs of these two people as a mark of love and respect.
- People were encouraged to express their views on how they preferred to receive their care and support, and staff respected this.
- People's care plans contained information about people's social backgrounds so staff could use this to get to know people and build positive relationships with them.
- People's communication needs were clearly identified in care records and staff knew people's needs in this area well. For example, during our visit we saw a staff member supporting a person to replace their hearing aid battery.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care where capabilities allowed. Care plans were reviewed and updated on a regular basis to ensure people's care needs and preferences were up to date.
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions. Staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Staff always treat me with respect. They're always so kind to me which makes my day."
- People's independence was encouraged without compromising their safety.
- Relatives told us they were free to visit at any time and were always made welcome.
- People's personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew their needs well. One person said, "They know exactly how I like things done and what to do if I'm having an off day."
- Staff were responsive when people's needs changed. For example, during our visit one person who used the service suddenly became ill. We saw how staff dealt with this discreetly by supporting the person to a quiet area, reassuring them and seeking appropriate medical advice.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Each person had a 'one page profile' which provided a person-centred snapshot about the individual for staff to refer to.
- Plans were well written and contained detailed information about people's daily routines and specific care and support needs. Plans guided staff to focus on all aspects of the person's wellbeing, including their social and emotional needs.
- Where people required information in an alternative format, such as large print or easy read, this was available. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- People were supported to take part in a wide range of activities such as musical bingo, mocktail afternoons, reminiscence games, exercises and singalongs. The registered manager told us they were planning more trips out when the spring came, as people were sometimes reluctant to go out during the winter months. People and relatives said they were happy with the activities available.
- The service had been awarded funding from Hartlepool Borough Council, through the Improved Better Care Fund (iBCF). This had been used to buy electronic tablets for people to use. Two people used these to keep in touch with family overseas which was important to them.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager. One person told us, "The staff do a wonderful job here so I've never needed to complain about anything."
- Relatives we spoke with felt any concerns would be listened to and acted upon in an open and transparent way. No one we spoke with had any concerns or complaints.
- Records showed complaints had been dealt with appropriately and promptly.

End of life care and support

- No one using the service was receiving end of life care.
- Care plans contained details of people's end of life preferences where people had felt able to discuss this

sensitive matter.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Since the previous inspection, significant improvements had been made to the environment such as new chairs and new carpets, for the benefit of people who used the service.
- The provider visited the service regularly. Records of these visits had improved since the previous inspection, and they now contained more meaningful detail.
- People and relatives we spoke with knew the registered manager well and spoke positively about them. A person said, "The manager is lovely. If anything needs sorting they sort it out." A relative told us, "The manager is very friendly and helpful."
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- Staff told us they felt listened to and that the registered manager was approachable. Staff told us they worked as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the previous inspection improvements had been made to the way people's feedback was acted upon. For example, we saw how new blinds had been fitted to the conservatory to help reduce the glare of the sun and to make the room warmer. People we spoke with thought this was a big improvement. We saw how activities were now able to happen in this area due to the improvements made. People's views continued to be sought through regular quality surveys and care plan reviews.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service.
- The service had received thank you cards, text messages and emails which contained numerous positive comments from relatives about the service and staff members.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.
- The service had good links with the local community, such as the local Methodist church.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had registered with the Care Quality Commission in November 2018.
- The registered manager and deputy manager had a clear understanding of their responsibilities, and were

committed to providing high quality care. CQC were notified of incidents and events as required.

- The service was well-run. Staff at all levels understood their roles, responsibilities and accountability. They were held to account for their performance where required.

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.
- When an incident occurred this was investigated thoroughly and lessons learnt where appropriate.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others

- The registered manager attended provider forums arranged by the local authority, where best practice was shared.
- We received positive feedback from health and social care professionals who worked with the service. A healthcare professional we spoke with during our visit said, "The staff want to be here and their priority is always the residents."